

MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-024710
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6507**

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1
2 **203**
3
4 **0**
5 **1**
6
7 **2**
8 **1**
9
10
11
12 **740**
13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

June 28, 1962

June 29, 1962

4

BY AFFIDAVIT OF Funeral Director DOCUMENT

MEDICAL CERTIFICATION

FILED JUL 6 1962	
1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, give TOWNSHIP only) c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis St. John's Hospital	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY c. CITY OR TOWN d. STREET ADDRESS Mo. St. Louis (If outside, give location) 6033 O'Dell Ave.
3. NAME OF DECEASED (Type or print) First Middle Last ANTON HASEK	4. DATE OF DEATH Month Day Year June 29 -28- 1962
5. SEX Male	6. COLOR OR RACE White
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-8-1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Confectionary Proprietor (Retired)	11. BIRTHPLACE (City and state or country) Czechoslovakia
13a. FATHER'S NAME Paul Hasek	13b. MOTHER'S MAIDEN NAME Unknown Margold
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	16. SOCIAL SECURITY NO. [Redacted]
17. INFORMANT Address Oliver M. Hasek 6033 O'Dell Ave.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiovascular failure</u> DUE TO (b) <u>Arteriosclerotic heart</u> DUE TO (c) <u>Artery 4/20.0</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>June 29, 1962</u> to <u>June 29, 1962</u> and last saw him alive on <u>June 29, 1962</u> Death occurred at <u>10:18 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>[Signature]</u>	22b. ADDRESS <u>2705 Clifton</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE July 3, 1962
23c. NAME OF CEMETERY OR CREMATORY Missouri Crematory	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
24. FUNERAL DIRECTOR ADDRESS Kriegshauser 4228 S. Kingshighway Blvd.	25. DATE RECD., BY LOCAL REG. JUL 2 1962
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

74

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edwin D. McAlexander

Licensed Embalmer No. 3024

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.